## State of Maine

# BARBERING & COSMETOLOGY LICENSING

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

### LICENSE BY ENDORSEMENT AESTHETICIAN, BARBER, LIMITED BARBER, COSMETOLOGIST, OR NAIL TECHNICIAN

# Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579 or Main Receptionist (207) 624-8603 TTY users call Maine relay 711 FAX (207) 624-8637

Web address: <a href="www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>
<a href="mailto:Ema

## APPLICATION INSTRUCTIONS FOR ENDORSEMENT / LICENSE TRANSFER

#### \*\*Fax submissions of applications and supporting documentation will not be accepted.\*\*

If you are applying for licensure in Maine and hold a license from another state, please following the instructions below.

# DO YOU HOLD A VALID <u>AESTHETIC, BARBERING, LIMITED BARBERING, COSMETOLOGY, or NAIL TECHNICIAN</u> LICENSE IN ANOTHER STATE?

If you hold a valid license in another state and meet ONE of the following requirements than you may qualify for licensure in Maine.

#### **AESTHETIC Education Requirements:**

Satisfactorily completed 600 hours of aesthetics instruction in a licensed school in not less than 5 months; or

- A. Satisfactorily completed a course of study in aesthetics in a licensed school plus work experience as an aesthetician totaling at least 1,000 hours; or
- B. Satisfactorily completed a 1,000-hour aesthetic trainee/apprenticeship program.

#### **BARBERING & COSMETOLOGY Education Requirements:**

- A. Satisfactorily completed 1,500 hours of barbering or cosmetology instruction in a licensed school in not less than 9 months; or
- B. Satisfactorily completed a course of study in barbering or cosmetology in a licensed school plus show proof of work experience as a barber or cosmetologist totaling at least 2,500 hours; or
- C. Satisfactorily completed a 2,500-hours of barbering or cosmetology trainee/apprenticeship program.

#### **LIMITED BARBERING Education Requirements:**

- A. Satisfactorily completed 800 hours of limited barbering instruction in a licensed school in not less than 5 months; or
- B. Satisfactorily completed a course of study in limited barbering in a licensed school plus show proof of work experience as a barber totaling at least 1600 hours; or
- C. Satisfactorily completed 1,600-hours of limited barbering trainee/apprenticeship program.

#### **NAIL TECHNOLOGY Education Requirements:**

- A. Satisfactorily completed 200 hours of nail technology instruction in a licensed school in not less than 5 weeks: or
- B. Satisfactorily completed a course of study in nail technology in a licensed school plus show proof of work experience as a nail technologist totaling at least 400 hours; or
- C. Satisfactorily completed a 400-hours nail technologist trainee/apprenticeship program.

#### PROCESSING TIME:

✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.

#### PROCESSING TIME CONTINUED:

- ✓ Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 business days for delivery.

#### The following information must be submitted:

- ⇒ Submit **completed application with fees** as indicated on the application;
- ⇒ Submit proof of being at least 17 years of age (copy of birth certificate/driver's license, etc.);
- ⇒ Submit proof of having completed the 10th grade or its equivalent;
- ⇒ An original verification of licensure from the state you currently hold a valid license. This must include
  - Your professional education and hours granted;
  - Verify that you took and passed a state level written and practical examination. (You
    must have taken a state level examination for both the written and practical
    examination. If not, you will be subject to take the Maine written and/or practical
    exams.
  - Disciplinary history
  - License number and status of that license.

**NOTE:** If you do not hold a valid license in the state which you obtained your education, you must submit an additional verification from that state to verify you are actively licensed, or you may be subject to take the Maine exams.

⇒ Licensed work experience may be considered if you have less than the required number of school hours. You must submit your evidence of Work Experience on the form provided in this application packet.

Please refer to the Maine Barbering and Cosmetology Licensing Laws and Rules for more information when completing your application.

If you do not qualify for licensure, you may be deemed eligible for examination. If so, you may apply for <u>a temporary license</u>. This is a one-time license and will only be valid for a six-month period from the date issued and cannot be renewed.

Documents with different name eg. marriage/divorce etc. must have supporting documents to verify a legal name change.

**INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED.** Be sure to initial the bottom of each page where noted on your application. All pages requiring initials must be returned to our office as part of your complete application.

The Barbering & Cosmetology Licensing requires that all supporting documents and fees be submitted with the filing of your application. Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted. Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

## VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- School hours
- Method your license was issued i.e. Original State, Reciprocity/Endorsement
- Examinations taken and results
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report directly to you and in turn you must submit this verification with your completed Maine application.

**IMPORTANT:** Applications submitted without <u>all of the Verifications of Licensure</u> from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain and electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed.

## STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345 Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

#### **Frequently Asked Questions:**

- Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- Where are you located? 76 Northern Avenue, Gardiner, Maine.
- What hours are you open? 8:00 AM to 5:00 PM weekdays
- Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.
- Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.
- How long does it take to process an application? You can check our website:
   <u>www.maine.gov/professionallicensing</u>. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- How far back do I go answering the criminal question? Any conviction, ever.

#### **NOTICES**

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**SIGNATURE** 

# STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)				
FULL LEGAL NAME FIRST	MIDDLE INITIAL	L	AST	
ANY OTHER NAMES EVER USED:				
DATE OF BIRTH mm I dd I yyyy	SOCIALS	SECURITY NUMB	ER	
MAILING ADDRESS				
CITY STA		COUN	ΤΥ	
,	<b>(# ( )</b>	E-MAIL		
CRIN NOTE: Failure to disclose criminal convid	MINAL BACKGROUND DISC		nd/or revocation of a license	
Have you ever been convicted by any		es, suspension an	d/or revocation or a license.	
in thate you ever been derivious by any o	(circle one)	NO	YES	
If yes, enclose a detailed signed description	on of what happened (includin	g dates) and a co	py of the court judgment.	
2. Has any jurisdiction taken disciplinary a			·	
or denied your application for licensure	· ·	NO	YES	
If yes, enclose a detailed signed explanation	•		the best of my line viled as and	
By my signature, I hereby certify that the informatio belief. By submitting this application, I affirm that the				
issuance of my license and that this information is t		stand that sanctions	may be imposed including denial,	
fines, suspension or revocation of my license if this				
SIGNATURE	DATE			
Barber	ing and Cosmetology	/ Licensina		
	icensure by Endorse	_		
Aesthetician, Barber, Lin	•		Nail Technician	
	•		Than Technician	
•	ed Fees: \$41.00(Non- icense and criminal reco	•		
(includes in		ius check lees,		
LICENSE TYPE: Check one—	Office Use Or	nly:	Office Use Only:	
☐ Aesthetician (AE1421)	AE/BA/LBA/CO/or MA as	a chooked in	Check #	
☐ Barber (BA1421)	the box to the left.	CHECKEU III	Amount: Cash #	
☐ Limited Barber (LBA1421)		21 - \$20.00	Lic. #	
☐ Cosmetologist (CO1421)	26	19 - \$21.00	Issue Date	
☐ Nail Technologist (MA1421)			Exp. Date	
	PAYMENT OPTIONS:			
Make checks payable to "Maine State 1		by Mastercard or	Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	FIRST	AIDDLE INITIAL	LAST	
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to				
charge my USA MASTERCARD the following amount: \$				
☐ I understand that fees are non-refundable				
Card number: XXXX-XXX	X-XXXX-XXXX	Evniratio	n Date mm / yayay	

**DATE** 

#### **SECTION 1: SCHOOLING INFORMATION**

#### **School Information**

Name of School Attended		
School Address		
City	State	Zip Code
Telephone #		
Course Completed	Course Hours Complete	ed Graduation Date
<ul><li>□ Aesthetics</li><li>□ Barbering</li><li>□ Limited Barbering</li><li>□ Cosmetology</li><li>□ Nail Technology</li></ul>		mm/yyyy
Trainee Information (or apprenticeship)		
Establishment Name Where Training Occurred		
Establishment Address		Phone
		( )
City	State	Zip Code
Supervisor Name	Supervisor License #	
Course Completed	Hours Completed	Completion Date
<ul><li>□ Aesthetics</li><li>□ Barbering</li><li>□ Limited Barbering</li><li>□ Cosmetology</li><li>□ Nail Technology</li></ul>		mm/yyyy
	•	

#### **SECTION 2: NOTICES**

#### **10 Day Notification Requirement**

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

#### **INITIALS OF APPLICANT**

#### **SECTION 3: LAWS AND RULES**

**Disclosure:** Effective July 1, 2012, the Barbering and Cosmetology Licensing discontinued the Maine Laws and Rules portion of the examination and in its place requires the applicant to attest that s/he will obtain, read and abide by all Maine laws and rules related to the practice of Barbering and Cosmetology as a part of the application process. Applicants for an initial practice license are required to take and pass the applicable written and practical examinations in order to qualify for licensure. The holder of an active license has an obligation and responsibility to keeping abreast of laws and rules and maintaining current and up to date practice standards.

#### Maine Barbering and Cosmetology Laws and Rules

http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html Access to all relevant laws and rules are accessible from this web page.

#### Title 10 Department of Business Regulation Law §§8001-8009

http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

#### Office of Professional and Occupational Regulation Rules 02 041

http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at <a href="www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>. Please visit the websites(s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

INITI	AL	OF .	APP	LIC	ANT
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#### **SECTION 4: APPLICANT'S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Applications that are incomplete, altered (including the use of any white out substance), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.

Printed Name of Applicant	
Signature of Applicant	Date

#### **EVIDENCE OF WORK EXPERIENCE**

This form is only needed if you have <u>not completed</u> 600 hours of schooling for aesthetics, 1500 hours of schooling for barbering or cosmetology; 800 hours of schooling for limited barbering; 200 hours of schooling for nail technology.

Applicant's Name				
FIRST MIDDLE INITIAL	LAST			
Mailing Address				
City	State	Zip Code		
License Type				
□ Aesthetician □ Barber □ Liı	mited Barber    Cosmetology	gy □ Nail Technology		
THIS SECTION IS TO BE COMPLETED BY THE CURRENT OR FORMER EMPLOYER				
Name of Employer				
FIRST MIDDLE INITIAL	LAST			
Establishment Name				
Mailing Address				
City	State	Zip Code		
I, hereby certify that the above named has p	practiced as a/an:			
□ Aesthetician □ Barber □ Limited Barber □ Cosmetology □ Nail Technology				
Aestrietician   Darber   Li	imited Barber 🗆 Cosmetolog	y 🛛 Nail Technology		
		-		
The above named was employed as noted a		-		
	above from to to to tase list the number of average ho	mm/dd/yyyy		
The above named was employed as noted a	above from to to to tase list the number of average ho	mm/dd/yyyy		
The above named was employed as noted a  For purposes of evaluating time worked, ple total amount of hours during employment pe	above from to to to tase list the number of average hoeriod.	mm/dd/yyyy		
The above named was employed as noted at For purposes of evaluating time worked, ple total amount of hours during employment per Hours per Week	above from to to to tase list the number of average hoeriod.	mm/dd/yyyy		
The above named was employed as noted a  For purposes of evaluating time worked, ple total amount of hours during employment pe	above from to to to tase list the number of average hoeriod.	mm/dd/yyyy		
The above named was employed as noted at For purposes of evaluating time worked, ple total amount of hours during employment per Hours per Week	above from to to to tase list the number of average hoeriod.	mm/dd/yyyy urs worked each week OR		
The above named was employed as noted a  For purposes of evaluating time worked, ple total amount of hours during employment per Hours per Week  Print Employer Name	ease list the number of average hoeriod.  Total Hours	mm/dd/yyyy urs worked each week OR		

**INITIALS OF APPLICANT**